

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117228

Entity Name: RIVER OF BLESSINGS, LLC

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

6507 N FIVE ACRE RD  
PLANT CITY, FL 33565

## New Principal Place of Business:

805 N PARSONS AVE  
BRANDON, FL 33510

## Current Mailing Address:

6507 N FIVE ACRE RD  
PLANT CITY, FL 33565

## New Mailing Address:

805 N PARSONS AVE  
BRANDON, FL 33510

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRAVES, MARSHA L  
6507 N FIVE ACRE RD  
PLANT CITY, FL 33565 US

## Name and Address of New Registered Agent:

GRAVES, MARSHA L  
405 VINE KEEPER CT  
SEFFNER, FL 33584 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARSHA GRAVES

04/30/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GRAVES, MARSHA L  
Address: 6507 N FIVE ACRE RD  
City-St-Zip: PLANT CITY, FL 33565

Title: MGR ( ) Delete  
Name: GRAVES, MICHAEL D  
Address: 6507 N FIVE ACRE RD  
City-St-Zip: PLANT CITY, FL 33565

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GRAVES, MARSHA L  
Address: 405 VINE KEEPER CT  
City-St-Zip: SEFFNER, FL 33584

Title: MGR (X) Change ( ) Addition  
Name: GRAVES, MICHAEL D  
Address: 405 VINE KEEPER CT  
City-St-Zip: SEFFNER, FL 33584

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARSHA GRAVES

MGRM

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date